State of Virginia
STATEMENT OF DEFICIENCIES

| STATEMENT OF DEFICIENCIES | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY | |
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| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUILDING: | | COMPLETED | | |
| | | VA0417 | B. WING | | 04/26/2018 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| ALBEMA | RLE HEALTH AND REHA | ABILITATION CENTEI | IDERS PLACE TESVILLE, VA | | | |
| (X4) ID | SUMMARY S | TATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | (X5) | |
| PREFIX TAG | (EACH DEFICIENC | CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE COMPLETE | |
| F 000 | Initial Comments | | F 000 | | | |
| | An unannounced biennial State Licensure Inspection was conducted 04/24/2018 through 04/26/2018. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. Six complaints were investigated. The Life Safety Code survey/report will follow. The census in this 120 certified bed facility was 111 at the time of the inspection. The survey sample consisted of 23 current Resident reviews and 5 closed record reviews. | | | | | |
| F 001 | Non Compliance | | F 001 | | 6/8/18 | |
| | The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities. 12VAC5-371-220 (H) Please cross reference to F-580. | | | | | |
| | | | | The statements included are not an admission and do not constitute agreement with the alleged deficiencie herein. The plan of correction is completed in the compliance of state a federal regulations as outlined. To rei in compliance with all federal and state | and main e | |
| | 12VAC5-371-250 (A) Please cross referen | | | regulations the center has taken or wi take the actions set forth in the following plan of correction. The following plan | ng | |
| | 12VAC5-371-250 (B- | -2) | | correction constitutes the centers | | |
| | Please cross referen | | | allegation of compliance. All alleged | | |
| | 12VAC5-371-220 (B) Please cross reference to F-684, F-693 and F-694. | | | deficiencies cited have been or will be completed by the dates indicated. F 580 cross reference to 12VAC5-371 (H) | -220 | |
| | 12VAC5-371-220 (A, C) Please cross reference to F-689. | | | Resident #39 s MD is now made aware of low blood sugar on 3/25/201 patient has since returned to center w | 8, | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Electronically Signed

05/14/18

| NAME OF PROVIDER OR SUPPLIER ALBEMARILE HEALTH AND REHABILITATION CENTEI SUMMANY STATEMENT OF PERCEICIOSES SUMMANY STATEMENT OF PERCEICIOSES PROVIDERS 9-NA OF CORRECTION GEACH DESIGNATION CENTEI SUMMANY STATEMENT OF DEPICIENCES PREFER SUMMANY STATEMENT OF DEPICIENCES FOR STATEMENT OF THE APPROPRIATE DEPICIENCY TO SUMMANY STATEMENT OF DEPICIENCES PREFER REGULATORY SUMMANY STATEMENT OF DEPICIENCES TO SUMMANY STATEMENT OF DEPICIENCES FOR STATEMENT OF STATEMENT | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--|---|---|--|----------------|---|--|
| ALBEMARLE HEALTH AND REHABILITATION CENTER X 10 PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION | | | VA0417 | B. WING | | 04/26/2018 |
| FREFIX TAG REGULATORY OR LSC (LIGHT VINCE) IN PORMATION) F 001 Continued From page 1 12VAC5-371-220 (C. 3) Please cross reference to F-690. 12 VAC 5 - 371-220 (A) Please cross reference to F-695. 12 VAC 5 - 371-220 (A) Please cross reference to F-697. 12 VAC 5 - 371-220 (A) Please cross reference to F-756. 12 VAC 5 - 371-220 (B) Please cross reference to F-757. 12 VAC 5 - 371-30 (B) Please cross reference to F-757. 12 VAC 5 - 371-30 (B) Please cross reference to F-757. 12 VAC 5 - 371-30 (B) Please cross reference to F-758. 12 VAC 5 - 371-30 (B) Please cross reference to F-759. 13 VAC 5 - 371-30 (B) Please cross reference to F-759. 14 VAC 5 - 371-30 (B) Please cross reference to F-759. 15 VAC 5 - 371-30 (B) Please cross reference to F-759. 16 Sé Cross reference to T-759. 17 VAC 5 - 371-30 (B) Please cross reference to F-759. 18 VAC 5 - 371-30 (B) Please cross reference to F-759. 19 VAC 5 - 371-30 (B) Please cross reference to F-759. 10 VAC 5 - 371-30 (B) Please cross reference to F-759. 11 VAC 5 - 371-30 (B) Please cross reference to F-759. 12 VAC 5 - 371-30 (B) Please cross reference to F-759. 13 VAC 5 - 371-30 (B) Please cross reference to F-759. 14 VAC 5 - 371-30 (B) Please cross reference to F-759. 15 Please cross reference to F-759. 16 Sé Cross reference to 12 VAC 5-371-250 (B) Please cross reference to F-759. 16 Sé Cross reference to 12 VAC 5-371-250 (B) Please cross reference to F-759. 16 Sé Cross reference to 12 VAC 5-371-250 (B) Please cross reference to F-759. 17 VAC 5-371-30 (A) Please cross reference to F-759. Please cross reference to F-750. Ple | | | 1540 FO | OUNDERS PLAC | E | |
| 12VAC5-371-320 (C. 3) Please cross reference to F-690. 12VAC5-371-340 (D. 4) Please cross reference to F-692. 12 VAC 5 - 371-220 (D) Please cross reference to F-695. 12 VAC 5 - 371-220 (A) (B) Please cross reference to F-697. 12 VAC 5 - 371-300 (H) Please cross reference to F-756. 12 VAC 5 - 371-300 (H) Please cross reference to F-756. 12 VAC 5 - 371-300 (B) Please cross reference to F-757. 12 VAC 5 - 371-300 (B) Please cross reference to F-756. 12 VAC 5 - 371-300 (B) Please cross reference to F-757. 12 VAC 5 - 371-300 (B) Please cross reference to F-757. 12 VAC 5 - 371-300 (B) Please cross reference to F-756. 13 VAC 5 - 371-300 (B) Please cross reference to F-757. 14 VAC 5 - 371-300 (B) Please cross reference to F-757. 15 VAC 5 - 371-300 (B) Please cross reference to F-759. 16 Sesident #36-location of dialysis shunt b. Resident #35-is no longer on isolation-Care plan current d. Resident #35-is no longer in the center g. Resident #12-self-care/treatment of his tracheostomy 12 VAI residents are at risk. 13 Staff Development Coordinator or designee will educate all licensed nurses on completing comprehensive care plans | PREFIX | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF | BE COMPLETE |
| needs: | F 001 | 12VAC5-371-220 (C. Please cross reference 12VAC5-371-340 (D. Please cross reference 12 VAC 5 - 371-220 (P. Please cross reference 12 VAC 5 - 371-220 (P. Please cross reference 12 VAC5-371-300 (H.) Please cross reference 12 VAC 5 - 371-220 (P. Please cross reference 12 VAC 5 - 371-320 (P. Please cross reference 12 VAC 5 - 371-320 (P. Please cross reference 12 VAC 5 - 371-320 (P. Please cross reference 12 VAC 5 - 371-320 (P. Please cross reference 12 VAC5-371-320 (P. Please cross reference 12 VAC5-371-180 (A.) | 3) the to F-690. 4) the to F-692. D) the to F-695. A) (B) the to F-697. The to F-756. A) the to F-757. Check to F-791. | F 001 | 2) All residents that receive blood glucose checks are at risk. 3) Staff Development Coordinator of designee will education all licensed not on notifying the MD of blood glucose readings per ordered parameters, or it patient is symptomatic. 4) DON or designee will audit 100% residents receiving blood glucose chefor parameters of notification, then will audit 50% of residents 5x per week for parameters of notification, then will audit 50% of residents 5x per weeks, then 20% of residents 5x per weeks, then 20% of residents 5x per weeks. Then review findings at required to include: a. Resident #86-location of dialysis b. Resident #86-location of dialysis b. Resident #303-no longer on isolation-Care plan current d. Resident #62-smoking with use of vape/e-cig e. Resident #39-no longer on isolation-Care plan current f. Resident #35-is no longer in the center g. Resident #12-self-care/treatment his tracheostomy 2) All residents are at risk. 3) Staff Development Coordinator of designee will educate all license nurse completing comprehensive care plans including as indicated by resident care needs: | f the of ccks II or 2 week next 1-250 shunt egs of |

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| F 001 | Continued From page | e 2 | F 001 | b. Type isolation and location of isolorganism c. Smoking and type of device d. Care and maintenance of an indwelling catheter e. Care and maintenance of a tracheostomy f. Oxygen dose and route of administration g. Self-care/administration 4) DON or designee will audit 100% current resident scare plans for inclusindicated: a. Site of dialysis shunt b. Type isolation and location of isolorganism c. Smoking and type of device d. Care and maintenance of an indwelling catheter e. Care and maintenance of a tracheostomy f. Oxygen dose and route of administration g. Self-care/administration Then, 50% of resident scare plans 5 per week for 2 weeks, then 20% of resident care plans 5x per week for weeks, then review findings in the next meeting F 684 cross reference to 12VAC5-371 (B) 1) Resident #39 s MD has been no and orders in place for glucagon. MD ordered a new sliding scale to include notification if blood glucose is less tha 60. 2) All residents with diabetes and bluglucose monitoring are at risk. 3) Staff Development Coordinator or | of sion ated x 2 t QA -220 tified also n |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | 1 ' ' | | (X3) DATE SURVEY COMPLETED | |
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| F 001 | Continued From page | e 3 | F 001 | designee will educate all licensed nur staff on obtaining orders prior to administration of medication, and enter sliding scales to include MD notification. 4) DON or designee will audit 100% current patients with diabetes and bloglucose monitoring for glucagon order and MD notification parameters on all Sliding Scale orders, then 50% of pat with diabetes and blood glucose monitoring 5x per week for 2 weeks, the 25% of patients 5x per week for 2 weether review findings in next QA meeting F 693 cross reference to 12VAC5-377 (B) 1) Resident #35 is no longer in the center. 2) All residents with PEG tubes at rid 3) Staff Development Coordinator of designee will educate licensed nursing staff on obtaining orders for the care of PEG tube and include flushes with event medication administration. 4) DON or Designee will audit 100% current residents with PEG tubes for orders that include flushes with medical administration, then 50% of residents PEG tubes 3x weekly for 2 weeks, the 25% of residents with PEG tubes 3x weekly for 2 weeks, then review finding following QA meeting F 694 cross reference to 12VAC5-377 (B) 1) Resident #35 is no longer in the center. 2) All residents with PICC lines are risk. 3) Staff Development Coordinator of the center. | ering on of od rs ents hen eks, g. l-220 sk. r g of a ery of a ery of a ery ags in l-220 |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | , , | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | |
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| F 001 | Continued From page | : 4 | F 001 | designee will educate licensed nursin staff on obtaining orders for the care a maintenance of PICC lines. 4) DON or Designee will audit 100% current residents with PICC lines for orders regarding the care and maintenance of the intervention, then of residents with PICC lines 5x weekly 2 weeks, then 25% of residents 5x we for 2 weeks, then review findings in the following QA meeting. F 689 cross reference to 12VAC5-37′ (A,C) 1) Resident #86□s wheelchair has ladjusted to include brake extenders. Resident #86□s care plan now include assistive devices utilized in the care of resident. 2) All residents are at risk. 3) Staff Development Coordinator of designee will educate all licensed nurstaff on ensuring assistive devices neto inact the plan of care are in place for resident use. 4) DON or designee will audit 100% current residents for care planned assistive devices, and verify devices a place for resident use, then 20% of residents 4x weekly for 2 weeks, then of residents 2x weekly for 2 weeks, and review findings during next QA meeting from the center. F 690 cross reference to 12VAC5-37′ (C. 3) 1) Resident #35 and #28 are no long the center. 2) All residents with indwelling cathod or perform self-catheterizations are at a self-catheterizations. | sof 50% y for eekly see 1-220 peen es all of the r sing eded pr of are in 1-220% and ag. 1-220 ger in eter | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| F 001 | Continued From page | ± 5 | F 001 | 3) Staff Development Coordinator of designee will educate licensed nursin staff on: a. Obtaining orders for care of indw catheters b. How to assess patients ability to perform self-catheterization. 4) DON or Designee will audit 100% current residents with indwelling cathefor appropriate care orders and audit 100% of current residents requesting self-catheterize for assessment completion. Then 50% of residents windwelling catheters 5x weekly for 2 weeks Then 20% of residents with indwelling catheters 5x weekly for 2 weeks Then 20% of residents with indwelling catheters 5x weekly for 2 weeks and 3 of residents requesting to self-catheter 5x weekly for 2 weeks. Then review a findings in the next QA meeting. F 692 cross reference to 12VAC5-973 (D. 4) 1) Resident #28 has now been seen speech therapist and appropriate diet ordered for resident. Dentist consult initiated and appointment scheduled for May 16, 2018 2) All residents are at risk. 3) Staff Development Coordinator of designee will educate all licensed staffinclusion of oral assessment with abilichew on patients with unexplained we loss. 4) DON or Designee will audit 100% current residents with unexplained we loss for appropriate assessment incluability to chew, then 50% of residents | elling elling of of eters to with weeks s. 20% rize II 8-340 or r f on tty to eight ding | |

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| F 001 | Continued From pag | e 6 | F 001 | unexplained weight loss weekly for 2 weeks, then 25% of residents with unexplained weight loss weekly for 2 weeks, then review findings in follow QA meeting. F 695 cross reference to 12VAC5-37 (D) 1) Resident #12 has now been ass for ability to provide self-care to tracheostomy and orders obtained accordingly. Resident #35 is no long the center. 2) All residents with tracheostomy are at risk. 3) Staff Development Coordinator of designee will educate licensed nursing staff on: a. Obtaining orders for the care of tracheostomy b. Appropriate orders for supplement oxygen use with tracheostomy c. Appropriately documenting when is provided by nurse 4) DON or Designee will audit 1000 current residents with tracheostomy for: a. Appropriate care orders b. Need for supplemental oxygen of c. Appropriate documentation based the care provided Then 50% of residents with tracheostomy 5x weekly for 2 weeks, then 25% of residents with tracheostomy 5x weekly for 2 weeks, then 25% of residents with tracheostomy 5x week 2 weeks, then review findings in the following QA meeting. | ing ing i1-220 lessed ger in care or ng a ental n care % of tubes orders ed on tomy kly for | |

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| F 001 | Continued From page | - e 7 | F 001 | | | | | | |
| | | | | (A)(B) | | | | | |
| | | | | 1) Resident #147 is no longer in the center. 2) All residents receiving as needed medication are at risk. 3) Staff Development Coordinator or designee will educate licensed nursing staff providing and documenting non-pharmacological intervention usar prior to as needed pain medication administration. 4) DON or Designee will audit 50% current residents receiving as needed medication 5x weekly for 2 weeks, the 25% of residents receiving as needed medication 5x weekly for 2 weeks, the review findings in the following QA meeting. F 756 cross reference to 12VAC5-371 (H) 1) Resident #9 has now had pharmar recommendations reviewed by MD, Metformin has been reduced to recommended dosage and BMP has been obtained and reviewed by MD. 2) All residents are at risk. 3) Staff Development Coordinator or designee will educate licensed nursing staff, practitioners, and medical direct the process for addressing pharmacy recommendations. 4) DON or Designee will audit 100% current residents with pharmacy recommendations 4x weekly 2 weeks, then 25% of residents with pharmacy recommendations 4x weekly 2 weeks, then 25% of residents with | ge of pain en | | | | |

| , , | | (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
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| F 001 | Continued From page | * 8 | | F 001 | pharmacy recommendations 4x week 2 weeks, then review findings in follow QA meeting. F 757 cross reference to 12VAC5-37 (A) 1) Resident #9□s Paxil decrease had now been reviewed by the MD and reduced. Resident # 14□s Cymbaltad decrease has now been reviewed by MD and reduced. No other current recommendations for these two reside 2) All residents are at risk. 3) Staff Development Coordinator of designee will educate licensed nursing staff, practitioners, and medical direct the process for addressing pharmacy recommendations and ensuring order carried out. 4) DON or Designee will audit 100% current residents with pharmacy recommendations from April for completion of recommendations, then 50% of residents with pharmacy recommendations 4x weekly for 2 weethen 25% of residents with pharmacy recommendations 4x weekly for 2 weethen 25% of residents with pharmacy recommendations 4x weekly for 2 weethen review findings in following QA meeting F 791 cross reference to 12VAC5-37 (B) 1) Resident #18 now has a schedul dental appointment on May 16, 2018 2) All residents requiring dental servat risk. 3) Staff Development Coordinator of designee will educate licensed nursing | ving 1-220 as the ents. r g or on s are b of eks, eks, eks, | |

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| F 001 | Continued From pag | e 9 | F 001 | staff and Social services department of the requirements of providing routine emergent dental services. 4) DON or Designee will audit 100% current residents for latest dental visit for need to see a dentist emergently, 50% of current patients 2x weekly for weeks, then 25% of current patients 2 weekly for 2 weeks, then review in following QA meeting. F 880 cross reference to 12VAC5-371 (A) 1) RN #4 has been educated on the appropriate procedures to maintain prinfection control during medication administration. The resident server medication during the medication administration on 4/25/2018 experience no untoward incident do to the medical administration 2) All residents are at risk. 3) Staff Development Coordinator of designee will educate licensed nursing staff on the procedures of maintaining proper infection control practices during medication administration. 4) DON or Designee will audit 100% nurses for infection control violations during medication administration observations per week for 2 weeks, the medication administration observation per week for 2 weeks, then review find in following QA meeting. | of and then 2 xx -180 oper ring ced ation r g of a will len 3 is | | | | |